

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/06/2015
NAME OF PROVIDER OR SUPPLIER BOGER CITY REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1428 LITTLE VALLEY LANE LINCOLNTON, NC 28092		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of Follow-Up Construction Survey by Ed Miller and Frank Strickland on February 6, 2015. The following deficiencies cited during the November 19, 2014, Bennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 2. Based on observation, the cross corridor doors at room 20 were not designed and installed with all of the fire protection features that the NC State Building Code requires of doors in a 'Fire Wall'. This could affect all of the residents if the wall failed to contain fire and smoke in the fire compartment of origin for less than the required amount of time.	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 101}	Continued From page 1 Findings on 11/19/2014: a. The wall where there are cross corridor doors at room 20 appears to be a 'Fire Wall' based on the facts that the wall is of masonry that extends 3 feet beyond the walls and roof line (paraphet); There is a fire sprinkler system installed in the building on one side of the wall and not the other; And the building that is not sprinklered is approximately the same size or slightly larger than the 9000 square feet maximum permitted by the 1978 Building Code for Institutional Buildings of non-combustible exterior bearing walls and combustible roof construction. a1. The cross corridor doors at room 20 are not equipped with latching hardware. This is not in accordance with 1978 NCSBC Section 1118(c) requiring fire doors to be equipped with positive latching. a2. When in the closed position, the cross corridor doors at room 20 have a gap greater than 1/8 of an inch at the edge. This is not in accordance with 1978 NCSBC Section 1118(b) requiring fire doors to meet the installation requirements of NFPA 80.	{C 101}		
{C 116}	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with	{C 116}		

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{C 116}	<p>Continued From page 2</p> <p>final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.</p> <p>(b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained.</p> <p>(c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division.</p> <p>(d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained.</p> <p>(e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder.</p> <p>(f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion.</p> <p>This Rule is not met as evidenced by: 1. Review of DHSR Construction Section records revealed that a Construction project consisting of the addition of several areas was built in 2005 but all areas did not receive a Certificate of</p>	{C 116}		

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{C 116}	Continued From page 3 Occupancy. These areas were ordered to be barricaded against occupancy by local Code Enforcement until the area is brought into compliance and a Certificate of Occupancy issued. Direct observation during the 11/19/2014 Survey revealed that the barricades against occupancy consist of a low fence and gate in the interior at the corridor entrance to the lobby. There are no barricades against occupancy to the lobby coming from the outside. Review of DHSR Construction Section records revealed Construction Documents were submitted under project HA-2526 however, approval of the Construction Documents has long expired. Further review revealed that additional Construction Documents have not been submitted and no renewed approval has been sought by the owner as required by part (c) of the Rule above.	{C 116}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, egress from all areas was not being maintained so that all doors were easily operable without the use of keys, tools or special knowledge or effort in the direction of exiting.	{C 166}		

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{C 166}	Continued From page 4 Findings on 11/19/2014: hasp locks were found on the following doors: a) Room 1 b) Room 10/11 closet	{C 166}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and record review, the building fire safety equipment was not being maintained in a safe manner by not maintaining the maintenance and recertification schedule for the Kitchen Range Hood Fire Suppression System. This could effect all residents if the fire suppression system failed to suppress a fire on the kitchen range as designed. Findings on 11/19/2014: One of the tags hanging on the Range Hood Fire Suppression System indicated the last approved inspection and recertification was performed in June of 2012. The system also has a tag indicating the system is "Non-Compliant", however there was no documentation indicating why the system was tagged non-compliant.	{C 189}		

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{C 189}	<p>Continued From page 5</p> <p>As of the date of Survey, there was no documentation that the owner had sought guidance from the local Fire Code Official or the DHSR Construction Section as to what can be done to bring the Range Hood Fire Suppression System back into compliance.</p> <p>Findings from February 6, 2015: Per Memo from Reliable Fire & Safety, Inc, dated 1-30-15 waiting for parts to make upgrade, should be completed by 2-13-15.</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents if smoke and fire were not contained in the room or smoke compartment of origin.</p> <p>Findings on 11/19/2014:</p> <p>a. The attic smoke barrier wall over room 7 was sealed with an unapproved foam sealant.</p> <p>b. The attic smoke barrier wall over room 7 was missing a 10" x 10" section of gypsum on the back side.</p> <p>c. The attic smoke barrier wall over room 7 was penetrated by 1/2" pipe containing wires that has no sealant inside.</p> <p>e. Center corridor mechanical room ceiling has a radiation damper that has been wired open,</p> <p>f. Center corridor mechanical room ceiling and wall penetrations sealed with an unapproved foam sealant.</p> <p>g. Soiled Linen ceiling has an unprotected penetration by conduit over the dryer,</p> <p>h. Soiled Linen ceiling has a loose HVAC escutcheon.</p> <p>I. Sprinkler Room Ceiling under is plywood.</p>	{C 189}		

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{C 189}	Continued From page 6 m. The kitchen ceiling has unprotected penetrations by piping yo the range hood suppression system. O. The attic smoke barrier wall over room 15 was sealed with an unapproved foam sealant at the sprinkler pipe and CATV cables p. Room 11 has a gap over the corridor door. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814 and to protect openings with smoke resisting doors. 4. Based on observation, the documentation that the building fire safety equipment was being maintained was not being done for the fire curtain in the kitchen. This could effect all residents if the curtain would not contain smoke and fire in the room of origin. Findings on 11/19/2014: The kitchen fire curtain has no inspection tag or other records of maintenance. 5. Based on observation, the building plumbing equipment was not maintained in a safe manner by not piping the pressure relief valve to a safe location. This could effect all who service this equipment if the relief were to operate when personnel were adjacent to the equipment. Findings on 11/19/2014: The water heater in the Janitors closet has a drain line terminated 2 feet from the floor.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	{C 199}		

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{C 199}	<p>Continued From page 7</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <p>(1) soiled linen storage;</p> <p>(2) soil utility room;</p> <p>(3) bathrooms and toilet rooms;</p> <p>(4) housekeeping closets; and</p> <p>(5) laundry area.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.</p> <p>Findings on 11/19/2014: The following exhaust fans were not working:</p> <p>b) Room 26/27 shared bath.</p>	{C 199}		